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CONFIRMATION NO. 1127

SERIAL NUMBER 10/765,193	FILING DATE 01/28/2004 RULE	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. 230276					
APPLICANTS Guillermo Silva, North Miami, FL;									
** CONTINUING DATA *****									
** FOREIGN APPLICATIONS *****									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/15/2004									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>1/28/04</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> STATE OR COUNTRY FL </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> SHEETS DRAWING 0 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> TOTAL CLAIMS 8 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>1/28/04</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY FL	SHEETS DRAWING 0	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
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ADDRESS Sanchelima and Associates, P. A. Jesus Sanchelima, Esq. 235 S.W. Le Jeune Rd. Miami , FL 33134									
TITLE Coconut beverage and method of producing the same									
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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